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APPLICANTS

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** CONTINUING DATA *****
none cos

** FOREIGN APPLICATIONS *****
none cos

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance <i>Conduct 304 cos</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 1
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ADDRESS
 32692
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TITLE
 Orthodontic appliance with latch for retaining an archwire

FILING FEE RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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